

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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In re: : Chapter 11
: :
Aralez Pharmaceuticals US Inc., et al.,¹ : Case No. 18-12425 (MG)
: :
Debtors. : (Jointly Administered)
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**GLOBAL NOTES REGARDING THE DEBTORS' SCHEDULES OF ASSETS AND
LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

The above-captioned debtors and debtors in possession (collectively, the “Debtors”) have filed their respective Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “Statements”) in the United States Bankruptcy Court for the Southern District of New York (the “Bankruptcy Court”). The Debtors, with the assistance of their legal and financial advisors, prepared the Schedules and Statements in accordance with section 521 of title 11 of the United States Code (the “Bankruptcy Code”), and Rule 1007 of the Federal Rules of Bankruptcy Procedure.

Michael Kaseta has signed each set of Schedules and Statements. Mr. Kaseta serves as the Chief Financial Officer of Aralez Pharmaceuticals, Inc. and is an authorized representative for each of the Debtors in these chapter 11 cases. In reviewing and signing the Schedules and Statements, Mr. Kaseta has necessarily relied upon the efforts, statements, advice, and representations of personnel of the Debtors and their legal and financial advisors.

For the avoidance of doubt, the Debtors reserve their rights to amend and supplement the Schedules and Statements as may be necessary or appropriate but expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law or order of the Bankruptcy Court.

These Global Notes pertain to and comprise an integral part of each of the Schedules and Statements and should be referenced in connection with any review thereof.

Global Notes and Overview of Methodology

1. **Description of Cases.** On August 10, 2018 (the “Petition Date”), each of the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtors are

¹ The Debtors in these chapter 11 cases and the last four digits of each Debtor’s federal taxpayer identification number are as follows: Aralez Pharmaceuticals Holdings Limited (5824); Aralez Pharmaceuticals Management Inc. (7166); POZEN Inc. (7552); Aralez Pharmaceuticals Trading DAC (1627); Aralez Pharmaceuticals US Inc. (6948); Aralez Pharmaceuticals R&D Inc. (9731); Halton Laboratories LLC (9342). For the purposes of these chapter 11 cases, the Debtors’ mailing address is Aralez Pharmaceuticals, c/o Prime Clerk LLC, P.O. Box 329003, Brooklyn, NY 11232..

continuing in the possession of their respective properties and the management of their respective businesses as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. These cases are being jointly administered for procedural purposes only. Notwithstanding the joint administration of the Debtors' cases, each Debtor has filed its own Schedules and Statements. The information provided herein, except as otherwise noted, is reported as of the close of business on the Petition Date.

2. **No Waiver.** Nothing contained in the Schedules and Statements constitutes a waiver of any of the Debtors' rights or an admission of any kind with respect to these chapter 11 cases, including, but not limited to, any rights or claims of the Debtors against any third party or issues involving substantive consolidation, equitable subordination, or defenses or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code or any other relevant applicable bankruptcy or non-bankruptcy laws to recover assets or avoid transfers.
3. **Methodology.**
 - (a) **Basis of Presentation.** The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP"), nor are they intended to be fully reconciled to the financial statements of each Debtor. The Schedules and Statements contain unaudited information that is subject to further review and potential adjustment. The Schedules and Statements reflect the Debtors' reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis. Due to the consolidated nature of certain of the Debtors' business operations, parties are encouraged to review each of the Schedules for each of the Debtors.
 - (b) **Confidential Information.** There may be instances in the Schedules and Statements where the Debtors deemed it necessary and appropriate to redact from the public record information such as names, addresses, or amounts. Typically, the Debtors have used this approach because of a confidentiality agreement between the Debtors and a third party, for the protection of sensitive commercial information, or for the privacy of an individual. To comply with Article 48 of the European Union's General Data Protection Regulation (the "GDPR"), the Debtors have redacted certain "personal data" (as such term is defined in Article 4 of the GDPR) from Statements Part 2, Question 4, and Statements Part 13, Question 28 with respect to Aralez Pharmaceuticals Holdings Limited and Aralez Pharmaceuticals Trading DAC, which are incorporated in Ireland.
 - (c) **Net Book Value.** In certain instances, current market valuations for individual items of property and other assets are neither maintained by nor readily available to the Debtors. Accordingly, unless otherwise indicated, the Schedules and Statements reflect net book values as of August 9, 2018. Market values may vary, at some times materially, from net book values. The Debtors believe that it would be an inefficient use of estate assets for the Debtors to obtain the current market values of their property and other assets. Accordingly, the Debtors have indicated

in the Schedules and Statements that the market values of certain assets and liabilities are undetermined. Assets that have been fully depreciated or that were expensed for accounting purposes either do not appear in these Schedules and Statements or are listed with a zero-dollar value, as such assets have no net book value.

- (d) **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different from the listed total.
- (e) **Allocation of Liabilities.** The Debtors allocated liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.
- (f) **Guarantees and Other Secondary Liability Claims.** The Debtors have exercised reasonable efforts to locate and identify guarantees of their secured financings and other such agreements. Where guarantees have been identified, they have been included in the relevant Schedules G and H for the affected Debtor.
- (g) **Excluded Assets and Liabilities.** The Debtors have potentially excluded the following categories of assets and liabilities from the Schedules and Statements: certain deferred charges, accounts, or reserves recorded only for purposes of complying with the requirements of GAAP; certain intangibles; deferred revenue accounts; and certain accrued liabilities. Other immaterial assets and liabilities may also have been excluded.
- (h) **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars. To the extent any amounts had to be converted to U.S. dollars, the conversion rate used is as of August 9, 2018.

4. **Specific Schedules Disclosures.**

- (a) **Schedule A/B, Parts 1 and 2 – Cash and Cash Equivalents; Deposits and Prepayments.** Details with respect to the Debtors' cash management system and bank accounts are provided in the Debtors' Motion For Interim And Final Orders Authorizing: (A) Continued Use Of Debtors' Cash Management System And Procedures; (B) Maintenance And Continued Use Of Existing Bank Accounts; (C) Modification Of Certain U.S. Trustee Operating Guidelines Relating To Bank Accounts; (D) Modification Of Requirements Of Section 345(B) Of The Bankruptcy Code On An Interim And Final Basis; (E) Continuation Of Intercompany Transactions And Accordance Of Administrative Expense Status To Intercompany Claims; And (F) Granting Related Relief. [Docket No. 8].

The Debtors' cash balances are as of August 9, 2018.

- (b) **Schedule A/B, Part 3 – Accounts Receivable.** The Debtors continue to work to reconcile their intercompany accounts including certain variations on a net basis when reporting on an individual entity basis. The Debtors do not have aging detail for their intercompany accounts and as such, that aging is not reported. Intercompany accounts receivables are reflected in Part 11: “All Other Assets,” Question 77.
- (c) **Schedule A/B, Part 4 – Investments; Non-Publicly Traded Stock and Interests in Incorporated and Unincorporated Businesses, including any Interest in an LLC, Partnership, or Joint Venture.** Ownership interests in subsidiaries, partnerships, and joint ventures have been listed in Schedule A/B, Part 4, as undetermined amounts on account of the fact that the fair market value of such ownership is dependent on numerous variables and factors and may differ significantly from their net book value.
- (d) **Schedule A/B, Part 7 – Office Fixtures.** The Debtors have or had at the time of filing certain leasehold interests and certain leasehold improvements at those locations. The Debtors have not independently valued those improvements and do not take a position on whether they can be removed and or separately monetized.
- (e) **Schedule A/B, Part 11 – All Other Assets.** Dollar amounts are presented net of impairments and other adjustments. The value of all assets listed on Schedule A/B are as of August 9, 2018.
- (f) **Schedule A/B - Other Contingent and Unliquidated Claims or Causes of Action of Every Nature, including Counterclaims of the Debtors and Rights to Setoff Claims.** In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to counterclaims, cross-claims, credits, rebates, or refunds with their customers and suppliers or potential warranty claims against their suppliers. Additionally, certain of the Debtors may be party to pending litigation in which such Debtor has asserted, or may assert, claims as a plaintiff or counterclaims and/or crossclaims as a defendant. Because such claims are unknown to the Debtors and not quantifiable as of the Petition Date, they are listed as undetermined on Schedule A/B, Part 11. All known litigation claims against the Debtors are listed on Schedule F.
- (g) **Schedule A/B - Interests in Insurance Policies or Annuities.** The Debtors believe that there is little or no cash value to the vast majority of their insurance policies. Such policies have all been included on Schedule A/B, Part 11, with values listed as “undetermined.”
- (h) **Schedule D – Creditors Who Have Claims Secured by Property.**

The descriptions provided in Schedule D are intended only to be a summary. Reference to the applicable agreements and other related relevant documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens. Nothing in the Global Notes or Schedules shall be deemed a

modification or interpretation of the terms of such agreements. In certain instances, a Debtor may be a co-obligor, co-mortgagor, or guarantor with respect to scheduled claims of other Debtors, and no claim set forth on Schedule D of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other entities.

The Debtors have not included on Schedule D parties that may believe such claims are secured through setoff rights or inchoate statutory lien rights.

Parties that have filed statements under the Uniform Commercial Code (“UCC”) are listed as they appear in those filings. Although Deerfield International Master Fund, L.P. appears on certain UCC filings against the Debtors, this entity later merged with Deerfield Partners, L.P. prior to the Petition Date.

(i) **Schedule E/F – Creditors Who Have Unsecured Claims.**

Part 1 – Creditors with Priority Unsecured Claims. The listing of accrued and unpaid/unused vacation is as of July 31, 2018.

Pursuant to the orders dated August 14, 2018 and September 14, 2018 [Docket Nos. 26, 31, 36, 37, 38, 95, 96, 97, 100, and 101] (the “First Day Orders”), the Debtors obtained authority to pay certain prepetition obligations, including certain wages and employee benefits, taxes, payments to common carriers, payments to foreign creditors, and payments on account of certain customer programs. Claims that have been paid pursuant to the First Day Orders are not listed in the Schedules.

Part 2 – Creditors with Nonpriority Unsecured Claims. The liabilities identified in Schedule E/F, Part 2, are derived from the Debtors’ books and records. The Debtors made a reasonable attempt to set forth their unsecured obligations, although the actual amount of claims against the Debtors may vary from those liabilities represented on Schedule E/F, Part 2.

Schedule E/F, Part 2, contains information regarding threatened or pending litigation involving the Debtors. The amounts for these potential claims are listed as “undetermined” and are marked as contingent, unliquidated, and disputed in the Schedules and Statements.

Schedule E/F, Part 2, reflects certain prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption or assumption and assignment of an executory contract or unexpired lease. In addition, Schedule E/F, Part 2, does not include claims that may arise in connection with the rejection of any executory contracts and unexpired leases, if any, that may be or have been rejected.

In many cases, the claims listed on Schedule E/F, Part 2, arose, accrued, or were incurred on various dates or on a date or dates that are unknown to the Debtors or are subject to dispute. Where the determination of the date on which a claim arose,

accrued, or was incurred would be unduly burdensome and costly to the Debtors' estates, the Debtors have not listed a specific date or dates for such claim.

As of the time of filing of the Schedules and Statements, the Debtors may not have not received all invoices for payables, expenses, and other liabilities that may have accrued prior to the Petition Date. Accordingly, the information contained in Schedules D and E/F may be incomplete. The Debtors reserve their rights to amend Schedules D and E/F if, or when, the Debtors receive such invoices.

- (j) **Schedule G – Executory Contracts and Unexpired Leases.** The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Debtors' use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all final exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any executed agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

The Debtors note that they have rejected certain executory contracts pursuant to *Omnibus Order #1: (A) Authorizing Rejection of Certain Executory Contracts Nunc Pro Tunc to the Petition Date; (B) Authorizing Rejection of Certain Unexpired Leases Effective as of August 31, 2018, and (C) Granting Related Relief* [Docket No. 102].

Although reasonable efforts have been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. Additionally, relationships between the Debtors and their vendors are often governed by a master services agreement, under which vendors also place work and purchase orders, which may be considered executory contracts. The Debtors believe that disclosure of all of these purchase and work orders would be impracticable and unduly burdensome. In addition, the Debtors have excluded various fee-free licenses.

Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. Expired contracts and leases may have also been inadvertently included. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G and to amend or supplement such Schedule as necessary.

Certain of the leases and contracts listed on Schedule G may contain renewal options, guarantees of payment, indemnifications, options to purchase, rights of

first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G. In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their business, such as supplemental agreements and letter agreements, which documents may not be set forth in Schedule G. The Debtors reserve the right to dispute the effectiveness of any such contract listed on Schedule G or to amend Schedule G at any time to remove any contract.

In some cases, the same supplier or provider may appear multiple times in Schedule G. Multiple listings, if any, reflect distinct agreements between the applicable Debtor and such supplier or provider.

Any prepetition amounts owing to counterparties to executory contracts and unexpired leases are listed on Schedule E/F, Part 2.

- (k) **Schedule H – Co-Debtors.** For purposes of Schedule H, the Debtors have not listed any litigation-related co-Debtors on Schedule H. Instead, all such listings can be found on Schedules E/F.

5. **Specific Statements Disclosures.**

- (a) **Statements, Part 2, Questions 3 and 4 – Payments to Certain Creditors.**

To avoid duplication within the Statements, payments identified in Part 6, Question 11 are not identified in Part 2, Question 3.

In the ordinary course of their business, the Debtors have both large accounts receivable from and payable to drug wholesalers (the “Wholesalers”). The Debtors’ books and records reflect the net amount owed to or payable by the Debtors as of the Petition Date.

- (b) **Statements, Part 6, Question 11 –** The majority of the Debtors’ payments to entities that the Debtors consulted about filing their bankruptcy cases were made by their ultimate parent company, non-Debtor affiliate Aralez Pharmaceuticals Inc., and accordingly do not appear in response to Statements Part 6, Question 11.
- (c) **Statements, Part 13, Question 26 – Books, Records, and Financial Statements.** The Debtors provide certain parties, such as banks, auditors, potential investors, vendors, and financial advisors, with financial statements that may not be part of a public filing. The Debtors do not maintain complete lists or other records tracking such disclosures. Therefore, the Debtors have not provided full lists of these parties in their response to Statement Question 26, but have included parties who received audited financial statements.

Fill in this information to identify the case:

Debtor name ARALEZ PHARMACEUTICALS US INC.

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): 18-12425 (MG)

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*\$ 1,140,412.24**1b. Total personal property:**Copy line 91A from *Schedule A/B*\$ 114,625,968.16
+ undetermined amounts**1c. Total of all property:**Copy line 92 from *Schedule A/B*\$ 115,766,380.40
+ undetermined amounts**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*\$ 281,504,359.00
+ undetermined amounts**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*\$ 2,156,029.59
+ undetermined amounts**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*+ \$ 17,138,295.52
+ undetermined amounts**4. Total liabilities**

Lines 2 + 3a + 3b

\$ 300,798,684.11
+ undetermined amounts

Fill in this information to identify the case:

Debtor name ARALEZ PHARMACEUTICALS US INC.
United States Bankruptcy Court for the: Southern District of New York
Case number (if known): 18-12425 (MG)

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. See Attached Rider _____ \$ 5,190,656.05
3.2. _____ \$ _____

4. Other cash equivalents (Identify all)

4.1. None \$ 0.00
4.2. _____ \$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 5,190,656.05

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. See Attached Rider \$ 128,636.24
7.2. _____ \$ _____

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. See Attached Rider \$ 713,765.31

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 842,401.55

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable See Question 77 for Intercompany Accounts Receivable

11a. 90 days old or less: 23,781,152.48 - 0.00 = → \$ 23,781,152.48
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 1,933,538.20 - 0.00 = → \$ 1,933,538.20
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 25,714,690.68

Part 4: Investments

13. Does the debtor own any investments?

☐ No. Go to Part 5.

☒ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. None _____ \$ 0.00

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. See Attached Rider _____ % _____ \$ 0.00

15.2. _____ % _____ \$ + undetermined amounts

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. None _____ \$ 0.00

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00
+ undetermined amounts

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
None	MM / DD / YYYY	\$		\$ 0.00
20. Work in progress				
None	MM / DD / YYYY	\$		\$ 0.00
21. Finished goods, including goods held for resale				
TOPROL XL BRANDED AND ZONTIVITY	MM / DD / YYYY	\$ 2,050,119.44	NET BOOK VALUE	\$ 2,050,119.44
22. Other inventory or supplies				
None	MM / DD / YYYY	\$		\$ 0.00
23. Total of Part 5				\$ 2,050,119.44
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☒ Yes. Book value 865,440.00 Valuation method NET BOOK VALUE Current value 865,440.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ 0.00

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
<u>FURNITURE</u>	\$ <u>309,339.97</u>	<u>NET BOOK VALUE</u>	\$ <u>309,339.97</u>
40. Office fixtures			
<u>None</u>	\$ _____	_____	\$ <u>0.00</u>
41. Office equipment, including all computer equipment and communication systems equipment and software			
<u>See Attached Rider</u>	\$ <u>154,078.38</u>	_____	\$ <u>154,078.38</u>
42. Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 <u>None</u>	\$ _____	_____	\$ <u>0.00</u>
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 463,418.35

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☐ No
☒ Yes

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ <u>0.00</u>

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 LEASEHOLD IMPROVEMENTS - 400 ALEXANDER RD, WEST WINDSOR, NJ	LEASED REAL PROPERTY	\$ 1,140,412.24	NET BOOK VALUE	\$ 1,140,412.24
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 1,140,412.24

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets None	\$		\$ 0.00
61. Internet domain names and websites None	\$		\$ 0.00
62. Licenses, franchises, and royalties None	\$		\$ 0.00
63. Customer lists, mailing lists, or other compilations None	\$		\$ 0.00
64. Other intangibles, or intellectual property MARKETING / SALES MATERIALS RELATED TO FIBRICOR, TOPROL-XL AND ITS AUTHORIZED GENERIC & ZONTIVITY	\$ Undetermined	NET BOOK VALUE	\$ Undetermined
65. Goodwill None	\$		\$ 0.00

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00
+ undetermined amounts

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 5,190,656.05	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 842,401.55	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 25,714,690.68	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00 + undetermined amounts	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 2,050,119.44	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 463,418.35	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ 1,140,412.24
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00 + undetermined amounts	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 80,364,682.09 + undetermined amounts	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 114,625,968.16 + undetermined amounts	+ 91b. \$ 1,140,412.24
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 115,766,380.40 + undetermined amounts

Debtor Name: ARALEZ PHARMACEUTICALS US INC.

Case Number: 18-12425 (MG)

Assets - Real and Personal Property

Part 1, Question 3: Checking, savings, money market, or financial brokerage accounts

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
BANK OF AMERICA, N.A.	COLLECTION AND OPERATING ACCOUNT	1014	\$4,909,278.19
BANK OF AMERICA, N.A.	OPERATING ACCOUNT	5408	\$0.00
BANK OF AMERICA, N.A.	LETTER OF CREDIT	3891	\$281,377.86
CITIBANK	GOVERNMENT REBATE ACCOUNT	6701	\$0.00
		TOTAL	\$5,190,656.05

Debtor Name: ARALEZ PHARMACEUTICALS US INC.

Case Number: 18-12425 (MG)

Assets - Real and Personal Property

Part 2, Question 7: Deposits, including security deposits and utility deposits

Description	Name of holder of deposit	Current value of debtor's interest
SECURITY DEPOSIT	3 COLUMBUS CIRCLE	\$629.98
DEPOSIT	RELAY HEALTH	\$100,000.00
SECURITY DEPOSIT	RADNOR PROPERTIES-555 LA, L.P.	\$28,006.26
	TOTAL	\$128,636.24

Debtor Name: ARALEZ PHARMACEUTICALS US INC.

Case Number: 18-12425 (MG)

Assets - Real and Personal Property

Part 2, Question 8: Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description	Name of holder of prepayment	Current value of debtor's interest
RETAINER	PRIME CLERK	\$25,000.00
PREPAID IT	EVALUATE LIMITED	\$1,217.34
PREPAID IT	ORACLE AMERICA	\$188,678.64
PREPAID IT	APPS ASSOCIATES	\$51,666.67
PREPAID IT	AGARI DATA	\$43,750.00
PREPAID IT	CONVERGEONE	\$1,498.24
PREPAID IT	PORZIO LIFE SCIENCES	\$56,250.00
PREPAID MARKETING	VEEVA	\$6,440.00
PREPAID R&D	VEEVA	\$40,617.17
PREPAID SALES & COMMERCIAL SERVICES	VEEVA	\$30,080.00
PREPAID SALES & COMMERCIAL SERVICES	CLINICAL DRUG-WOLTERSCLUWER	\$4,811.34
PREPAID SALES & COMMERCIAL SERVICES	SOURCE HEALTHCARE ANALYTICS	\$87,987.96
PREPAID OTHER	JVN SYSTEMS	\$6,661.00
PREPAID INVENTORY	FRONTIDA	\$22,316.55
PREPAID INVENTORY	ALMAC	\$146,790.40
	TOTAL	\$713,765.31

Debtor Name: ARALEZ PHARMACEUTICALS US INC.

Case Number: 18-12425 (MG)

Assets - Real and Personal Property

Part 4, Question 15: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of Entity	% of ownership	Valuation method used for current value	Current value of debtor's interest
HALTON LABORATORIES LLC	100	NET BOOK VALUE	Undetermined
		TOTAL	\$0.00 + undetermined amounts

Debtor Name: ARALEZ PHARMACEUTICALS US INC.

Case Number: 18-12425 (MG)

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Basis	Depreciation	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
MACHINERY AND EQUIPMENT	\$25,889.40	\$13,950.34	\$11,939.06	NET BOOK VALUE	\$11,939.06
IT HARDWARE	\$388,723.10	\$265,423.14	\$123,299.96	NET BOOK VALUE	\$123,299.96
IT SOFTWARE	\$57,601.94	\$38,762.58	\$18,839.36	NET BOOK VALUE	\$18,839.36
				TOTAL	\$154,078.38

Debtor Name: ARALEZ PHARMACEUTICALS US INC.

Case Number: 18-12425 (MG)

Assets - Real and Personal Property

Part 11, Question 72: Tax refunds and unused net operating losses (NOLs)

Description	Tax year	Current value of debtor's interest
ALABAMA - STATE REFUND	2018 ESTIMATE	Undetermined
DELAWARE - STATE REFUND	2018 ESTIMATE	Undetermined
FLORIDA - STATE REFUND	2018 ESTIMATE	Undetermined
KENTUCKY - STATE REFUND	2018 ESTIMATE	Undetermined
NORTH CAROLINA - STATE REFUND	2018 ESTIMATE	Undetermined
NEW JERSEY - STATE REFUND	2018 ESTIMATE	Undetermined
OKLAHOMA - STATE REFUND	2018 ESTIMATE	Undetermined
PENNSYLVANIA - STATE REFUND	2018 ESTIMATE	Undetermined
TENNESSEE - STATE REFUND	2018 ESTIMATE	Undetermined
VIRGINIA - STATE REFUND	2018 ESTIMATE	Undetermined
ILLINOIS - STATE REFUND	2018 ESTIMATE	Undetermined
NEW YORK - STATE REFUND	2018 ESTIMATE	Undetermined
	TOTAL	\$0.00 + undetermined amounts

Debtor Name: ARALEZ PHARMACEUTICALS US INC.

Case Number: 18-12425 (MG)

Assets - Real and Personal Property

Part 11, Question 73: Interests in insurance policies or annuities

Description	Policy type	Policy number	Current value of debtor's interest
ALLIED WORLD LLOYD'S SYNDICATE NO. 2232	DIRECTORS AND OFFICERS LIABILITY INSURANCE	37949P18	Undetermined
CONNER STRONG & BUCKELEW	PRODUCT LIABILITY & CLINICAL TRIALS	PH17LEO0BEWS9NV	Undetermined
CONTINENTAL CASUALTY (C.N.A)	AUTOMOBILE (HIRED & NON-OWNED)	2054991494	Undetermined
CONTINENTAL CASUALTY COMPANY	COMMERCIAL PACKAGE	PAC291934661	Undetermined
CONTINENTAL INSURANCE CO. (C.N.A)	PACKAGE (GENERAL LIABILITY & PROPERTY)	2054991527	Undetermined
CONTINENTAL INSURANCE CO. (C.N.A)	UMBRELLA LIABILITY	2050028987	Undetermined
CONTINENTAL INSURANCE COMPANY	FOREIGN PACKAGE	WP 62 284 1822	Undetermined
ENDURANCE LLOYD'S SYNDICATE NO. 5151	DIRECTORS AND OFFICERS LIABILITY INSURANCE	37951P18	Undetermined
LLIBERTY LLOYD'S SYNDICATE NO. 4472	DIRECTORS AND OFFICERS LIABILITY INSURANCE	37950P18	Undetermined
LLOYD'S UNDERWRITERS	CARGO	70066	Undetermined
LLOYD'S UNDERWRITERS	DIRECTORS & OFFICERS	B080138825P18	Undetermined
LLOYD'S UNDERWRITERS	EXCESS D&O	B080137949P18	Undetermined
LLOYD'S UNDERWRITERS	EXCESS D&O	B080137950P18	Undetermined
LLOYD'S UNDERWRITERS	EXCESS D&O	B080137951P18	Undetermined
LLOYD'S UNDERWRITERS	EXCESS D&O	B080137954P18	Undetermined
NAVIGATORS	STOCK THROUGHPUT	WOLF POLICY NUMBER: MONAV18-6057	Undetermined
NAVIGATORS LLOYD'S SYNDICATE NO. 1221	DIRECTORS AND OFFICERS LIABILITY INSURANCE	37954P18	Undetermined
VALLEY FORGE INSURANCE COMPANY (C.N.A)	WORKERS COMP	2047956945	Undetermined
XL LLOYD'S SYNDICATE NO. 2003	DIRECTORS AND OFFICERS LIABILITY INSURANCE	38825P18	Undetermined
		TOTAL	\$0.00 + undetermined amounts

Debtor Name: ARALEZ PHARMACEUTICALS US INC.

Case Number: 18-12425 (MG)

Assets - Real and Personal Property

Part 11, Question 77: Other property of any kind not already listed

Description	Current value of debtor's interest
INTERCOMPANY RECEIVABLE - HALTON LABORATORIES LLC	\$5,519,120.10
INTERCOMPANY RECEIVABLE - ARALEZ PHARMACEUTICALS MANAGEMENT INC.	\$865,594.23
INTERCOMPANY RECEIVABLE - POZEN INC.	\$61,716,541.21
INTERCOMPANY RECEIVABLE - ARALEZ PHARMACEUTICALS R&D INC.	\$2,529,219.71
INTERCOMPANY RECEIVABLE - ARALEZ PHARMACEUTICALS INC.	\$9,734,206.84
TOTAL	\$80,364,682.09

Fill in this information to identify the case:

Debtor name ARALEZ PHARMACEUTICALS US INC.
United States Bankruptcy Court for the: Southern District of New York
Case number (If known): 18-12425 (MG)

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

\$ Undetermined

\$ Undetermined

2.1 Creditor's name
BANK OF AMERICA

Describe debtor's property that is subject to a lien
CASH DEPOSIT AT BANK OF AMERICA

Creditor's mailing address

ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

Describe the lien

LETTER OF CREDIT IN THE AMOUNT OF \$281,377.86
FOR THE BENEFIT OF WITMAN PROPERTIES, L.L.C.
AND/OR ALEXANDER ROAD AT DAVANNE, L.L.C.

Creditor's email address, if known

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Date debt was incurred Undetermined

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

2.2 Creditor's name
DEERFIELD INTERNATIONAL MASTER FUND, L.P.

Describe debtor's property that is subject to a lien
AS PROVIDED IN UCC FINANCING STATEMENT
NUMBER 20160689099.

\$ Undetermined

\$ Undetermined

Creditor's mailing address

780 THIRD AVENUE
37TH FLOOR
NEW YORK, NY 10017

Describe the lien

SECURED CLAIM RELATING TO UCC FINANCING
STATEMENT NUMBER 20160689099 DATED 2/4/2016.

Creditor's email address, if known

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Date debt was incurred Undetermined

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☒ Yes. Have you already specified the relative priority?
☒ No. Specify each creditor, including this creditor, and its relative priority.
DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 281,504,359.00
+ undetermined amounts

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1: Additional Page

Column A
Amount of claim
Do not deduct the
value of collateral

Column B
Value of collateral
that supports this
claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2.3 Creditor's name DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.</p> <p>Creditor's mailing address 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. SEE ABOVE <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien SUBSTANTIALLY ALL OF THE DEBTORS' ASSETS</p> <p>Describe the lien LENDER UNDER SECOND AMENDED AND RESTATED FACILITY AGREEMENT DATED AS OF DECEMBER 7, 2015</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$281,504,359.00</p>	<p>\$ Undetermined</p>
<p>2.4 Creditor's name DEERFIELD PARTNERS, L.P.</p> <p>Creditor's mailing address 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. DEERFIELD PRIVATE DESIGN FUND III, L.P. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien AS PROVIDED IN UCC FINANCING STATEMENT NUMBER 20160689099.</p> <p>Describe the lien SECURED CLAIM RELATING TO UCC FINANCING STATEMENT NUMBER 20160689099 DATED 2/4/2016.</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ Undetermined</p>	<p>\$ Undetermined</p>

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1: Additional Page

Column A
Amount of claim
Do not deduct the
value of collateral

Column B
Value of collateral
that supports this
claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2.5</p> <p>Creditor's name DEERFIELD PRIVATE DESIGN FUND III, L.P.</p> <p>Creditor's mailing address 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. DEERFIELD PARTNERS, L.P. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien AS PROVIDED IN UCC FINANCING STATEMENT NUMBER 20160689099.</p> <p>Describe the lien SECURED CLAIM RELATING TO UCC FINANCING STATEMENT NUMBER 20160689099 DATED 2/4/2016.</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ Undetermined</p>	<p>\$ Undetermined</p>
<p>2.6</p> <p>Creditor's name QPHARMA, INC.</p> <p>Creditor's mailing address 22 SOUTH STREET MORRISTOWN, NJ 07960</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien FINISHED GOODS</p> <p>Describe the lien FINISHED GOODS STORED PURSUANT TO STORAGE AGREEMENT</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p>\$ Undetermined</p>	<p>\$ Undetermined</p>

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no other need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P. C/O KATTEN MUCHIN ROSENMAN LLP ATTN: MARK I. FISHER, ESQ. 575 MADISON AVENUE NEW YORK, NY 10022	Line 3	
DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P. C/O KATTEN MUCHIN ROSENMAN LLP ATTN: PETER A. SIDDIQUI 525 WEST MONROE STREET CHICAGO, IL 60661-3693	Line 3	

Fill in this information to identify the case:

Debtor ARALEZ PHARMACEUTICALS US INC.
United States Bankruptcy Court for the: Southern District of New York
Case number 18-12425 (MG)
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address ALABAMA DEPARTMENT OF REVENUE CORPORATE TAX SECTION PO BOX 327435 MONTGOMERY, AL 36132-7435 Date or dates debt was incurred Undetermined Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) _____	As of the petition filing date, the claim is: \$ Undetermined <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT TAX LIABILITY Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
2.2	Priority creditor's name and mailing address ALISON LUNDERGAN GRIME, SECRERART OF STATE 700 CAPITAL AVE., SUITE 152 FRANKFORT, KY 40601 Date or dates debt was incurred Undetermined Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) _____	As of the petition filing date, the claim is: \$ Undetermined <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT TAX LIABILITY Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
2.3	Priority creditor's name and mailing address ARIZONA DEPARTMENT OF REVENUE PO BOX 29079 PHOENIX, AZ 85038-9079 Date or dates debt was incurred Undetermined Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) _____	As of the petition filing date, the claim is: \$ Undetermined <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT TAX LIABILITY Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

CITY OF GADSDEN
REVENUE DEPARTMENT
PO BOX 267
GADSDEN, AL 35902-0267

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.5 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

CITY OF GLASGOW KENTUCKY
PO BOX 278
GLASGOW, KY 42142-0278

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.6 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

CITY OF SYLVANIA
DIVISION OF TAXATION
PO BOX 94582
CLEVELAND, OH 44101-4582

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.7 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

COLORADO SECRETARY OF STATE
1700 BROADWAY, SUITE 200
DENVER, CO 80290

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.8	Priority creditor's name and mailing address DELAWARE DIVISION OF REVENUE PO BOX 8750 WILMINGTON, DE 19899-8750 Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT TAX LIABILITY Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined	\$ Undetermined
2.9	Priority creditor's name and mailing address DEPARTMENT OF STATE DIV OF CORPS, STATE RECORDS & UCC ONE COMMERCE PLAZA 90 WASHINGTON AVENUE ALBANY, NY 12231-0001 Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT TAX LIABILITY Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined	\$ Undetermined
2.10	Priority creditor's name and mailing address EMPLOYEE 2018-664977 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,613.79	\$3,613.79
2.11	Priority creditor's name and mailing address EMPLOYEE 2018-664979 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,502.65	\$3,502.65

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.12	Priority creditor's name and mailing address	<u>\$18,914.14</u>	<u>\$10,195.38</u>
	<p>EMPLOYEE 2018-664980 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: CONTINGENT ACCRUED PTO</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		
2.13	Priority creditor's name and mailing address	<u>\$14,671.14</u>	<u>\$10,893.85</u>
	<p>EMPLOYEE 2018-664983 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: CONTINGENT ACCRUED PTO</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		
2.14	Priority creditor's name and mailing address	<u>\$3,834.81</u>	<u>\$3,834.81</u>
	<p>EMPLOYEE 2018-664986 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: CONTINGENT ACCRUED PTO</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		
2.15	Priority creditor's name and mailing address	<u>\$3,940.96</u>	<u>\$3,940.96</u>
	<p>EMPLOYEE 2018-664988 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: SEVERANCE CLAIM</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.16	Priority creditor's name and mailing address EMPLOYEE 2018-664989 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT ACCRUED PTO Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$20,369.28	\$10,303.84
2.17	Priority creditor's name and mailing address EMPLOYEE 2018-664991 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$7,595.34	\$7,595.34
2.18	Priority creditor's name and mailing address EMPLOYEE 2018-664992 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT ACCRUED PTO Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$10,596.16	\$10,596.16
2.19	Priority creditor's name and mailing address EMPLOYEE 2018-664994 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT ACCRUED PTO Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$6,307.70	\$6,307.70

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.20	Priority creditor's name and mailing address EMPLOYEE 2018-664995 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,484.04	\$3,484.04
2.21	Priority creditor's name and mailing address EMPLOYEE 2018-664997 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT ACCRUED PTO Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$12,423.60	\$11,136.40
2.22	Priority creditor's name and mailing address EMPLOYEE 2018-664998 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$79,873.58	\$12,850.00
2.23	Priority creditor's name and mailing address EMPLOYEE 2018-665000 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT ACCRUED PTO Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$16,947.12	\$9,965.38

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.24	Priority creditor's name and mailing address EMPLOYEE 2018-665001 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$4,159.90	\$4,159.90
2.25	Priority creditor's name and mailing address EMPLOYEE 2018-665003 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: CONTINGENT ACCRUED PTO Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$11,660.80	\$11,241.61
2.26	Priority creditor's name and mailing address EMPLOYEE 2018-665004 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$4,196.40	\$4,196.40
2.27	Priority creditor's name and mailing address EMPLOYEE 2018-665006 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: CONTINGENT ACCRUED PTO Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$57,379.82	\$9,177.69

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.28	Priority creditor's name and mailing address EMPLOYEE 2018-665007 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,486.15	\$3,486.15
2.29	Priority creditor's name and mailing address EMPLOYEE 2018-665009 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: CONTINGENT ACCRUED PTO Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$8,772.74	\$8,772.74
2.30	Priority creditor's name and mailing address EMPLOYEE 2018-665010 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$8,391.00	\$8,391.00
2.31	Priority creditor's name and mailing address EMPLOYEE 2018-665012 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: CONTINGENT ACCRUED PTO Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$7,691.54	\$7,691.54

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.32	Priority creditor's name and mailing address	<u>\$3,678.03</u>	<u>\$3,678.03</u>
	<p>EMPLOYEE 2018-665013 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: SEVERANCE CLAIM</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		
2.33	Priority creditor's name and mailing address	<u>\$20,634.25</u>	<u>\$10,557.31</u>
	<p>EMPLOYEE 2018-665015 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: CONTINGENT ACCRUED PTO</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		
2.34	Priority creditor's name and mailing address	<u>\$8,445.81</u>	<u>\$8,445.81</u>
	<p>EMPLOYEE 2018-665016 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: SEVERANCE CLAIM</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		
2.35	Priority creditor's name and mailing address	<u>\$64,985.80</u>	<u>\$12,850.00</u>
	<p>EMPLOYEE 2018-665018 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: SEVERANCE CLAIM</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.36	Priority creditor's name and mailing address EMPLOYEE 2018-665019 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT ACCRUED PTO Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,517.31	\$4,517.31
2.37	Priority creditor's name and mailing address EMPLOYEE 2018-665022 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT ACCRUED PTO Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$6,654.53	\$6,654.53
2.38	Priority creditor's name and mailing address EMPLOYEE 2018-665024 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,975.16	\$3,975.16
2.39	Priority creditor's name and mailing address EMPLOYEE 2018-665025 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT ACCRUED PTO Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$10,225.74	\$10,225.74

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.40	Priority creditor's name and mailing address EMPLOYEE 2018-665027 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,701.92	\$3,701.92
2.41	Priority creditor's name and mailing address EMPLOYEE 2018-665028 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: CONTINGENT ACCRUED PTO Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$17,085.97	\$10,839.89
2.42	Priority creditor's name and mailing address EMPLOYEE 2018-665030 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,384.62	\$3,384.62
2.43	Priority creditor's name and mailing address EMPLOYEE 2018-665031 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: CONTINGENT ACCRUED PTO Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$8,478.46	\$8,478.46

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.44	Priority creditor's name and mailing address EMPLOYEE 2018-665033 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$4,012.18	\$4,012.18
2.45	Priority creditor's name and mailing address EMPLOYEE 2018-665034 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: CONTINGENT ACCRUED PTO Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$12,540.53	\$11,025.92
2.46	Priority creditor's name and mailing address EMPLOYEE 2018-665038 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,975.16	\$3,975.16
2.47	Priority creditor's name and mailing address EMPLOYEE 2018-665041 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$8,094.48	\$8,094.48

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.48	Priority creditor's name and mailing address EMPLOYEE 2018-665043 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$112,784.46	\$12,850.00
2.49	Priority creditor's name and mailing address EMPLOYEE 2018-665046 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$90,213.18	\$12,850.00
2.50	Priority creditor's name and mailing address EMPLOYEE 2018-665049 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,866.75	\$3,866.75
2.51	Priority creditor's name and mailing address EMPLOYEE 2018-665060 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,998.08	\$3,998.08

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.52	Priority creditor's name and mailing address EMPLOYEE 2018-665062 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$4,052.73	\$4,052.73
2.53	Priority creditor's name and mailing address EMPLOYEE 2018-665066 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$67,082.08	\$12,850.00
2.54	Priority creditor's name and mailing address EMPLOYEE 2018-665069 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$13,181.57	\$12,850.00
2.55	Priority creditor's name and mailing address EMPLOYEE 2018-665072 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$88,556.97	\$12,850.00

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.56	Priority creditor's name and mailing address EMPLOYEE 2018-665075 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$68,130.32	\$12,850.00
2.57	Priority creditor's name and mailing address EMPLOYEE 2018-665078 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,560.90	\$3,560.90
2.58	Priority creditor's name and mailing address EMPLOYEE 2018-665081 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,449.85	\$3,449.85
2.59	Priority creditor's name and mailing address EMPLOYEE 2018-665084 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$77,563.69	\$12,850.00

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.60	Priority creditor's name and mailing address EMPLOYEE 2018-665086 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,701.92	\$3,701.92
2.61	Priority creditor's name and mailing address EMPLOYEE 2018-665089 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$9,965.74	\$9,965.74
2.62	Priority creditor's name and mailing address EMPLOYEE 2018-665092 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,513.30	\$3,513.30
2.63	Priority creditor's name and mailing address EMPLOYEE 2018-665096 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$4,155.85	\$4,155.85

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.64	Priority creditor's name and mailing address EMPLOYEE 2018-665098 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,904.48	\$3,904.48
2.65	Priority creditor's name and mailing address EMPLOYEE 2018-665101 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$8,758.61	\$8,758.61
2.66	Priority creditor's name and mailing address EMPLOYEE 2018-665107 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,701.92	\$3,701.92
2.67	Priority creditor's name and mailing address EMPLOYEE 2018-665111 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,828.85	\$3,828.85

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.68	Priority creditor's name and mailing address EMPLOYEE 2018-665113 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$4,336.54	\$4,336.54
2.69	Priority creditor's name and mailing address EMPLOYEE 2018-665117 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$62,889.42	\$12,850.00
2.70	Priority creditor's name and mailing address EMPLOYEE 2018-665120 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,613.79	\$3,613.79
2.71	Priority creditor's name and mailing address EMPLOYEE 2018-665123 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$7,502.92	\$7,502.92

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim	Priority amount
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2.72	Priority creditor's name and mailing address EMPLOYEE 2018-665126 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,966.35	\$3,966.35
2.73	Priority creditor's name and mailing address EMPLOYEE 2018-665129 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,530.93	\$3,530.93
2.74	Priority creditor's name and mailing address EMPLOYEE 2018-665131 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,346.89	\$3,346.89
2.75	Priority creditor's name and mailing address EMPLOYEE 2018-665135 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$8,487.41	\$8,487.41

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.76	Priority creditor's name and mailing address EMPLOYEE 2018-665138 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$7,451.96	\$7,451.96
2.77	Priority creditor's name and mailing address EMPLOYEE 2018-665141 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,013.95	\$4,013.95
2.78	Priority creditor's name and mailing address EMPLOYEE 2018-665144 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,361.70	\$3,361.70
2.79	Priority creditor's name and mailing address EMPLOYEE 2018-665151 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$8,271.17	\$8,271.17

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.80	Priority creditor's name and mailing address EMPLOYEE 2018-665153 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$4,027.69	\$4,027.69
2.81	Priority creditor's name and mailing address EMPLOYEE 2018-665156 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$104,554.82	\$12,850.00
2.82	Priority creditor's name and mailing address EMPLOYEE 2018-665159 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$13,436.24	\$12,850.00
2.83	Priority creditor's name and mailing address EMPLOYEE 2018-665162 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$102,022.33	\$12,850.00

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.84	Priority creditor's name and mailing address EMPLOYEE 2018-665165 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,997.28	\$1,997.28
2.85	Priority creditor's name and mailing address EMPLOYEE 2018-665167 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTINGENT ACCRUED PTO Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,825.36	\$3,825.36
2.86	Priority creditor's name and mailing address EMPLOYEE 2018-665168 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$78,887.47	\$12,850.00
2.87	Priority creditor's name and mailing address EMPLOYEE 2018-665171 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SEVERANCE CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,566.67	\$2,566.67

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.88	Priority creditor's name and mailing address EMPLOYEE 2018-665174 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$103,076.48	\$12,850.00
2.89	Priority creditor's name and mailing address EMPLOYEE 2018-665177 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$14,046.96	\$12,850.00
2.90	Priority creditor's name and mailing address EMPLOYEE 2018-665180 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$65,143.67	\$12,850.00
2.91	Priority creditor's name and mailing address EMPLOYEE 2018-665186 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$19,258.85	\$12,850.00

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.92	Priority creditor's name and mailing address EMPLOYEE 2018-665189 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$310,879.90	\$12,850.00
2.93	Priority creditor's name and mailing address EMPLOYEE 2018-665232 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,116.67	\$3,116.67
2.94	Priority creditor's name and mailing address EMPLOYEE 2018-665234 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,998.79	\$3,998.79
2.95	Priority creditor's name and mailing address EMPLOYEE 2018-665236 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$3,326.44	\$3,326.44

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.96	Priority creditor's name and mailing address EMPLOYEE 2018-665241 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$8,884.72	\$8,884.72
2.97	Priority creditor's name and mailing address EMPLOYEE 2018-665245 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$88,556.97	\$12,850.00
2.98	Priority creditor's name and mailing address EMPLOYEE 2018-665247 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$7,714.66	\$7,714.66
2.99	Priority creditor's name and mailing address EMPLOYEE 2018-665249 ADDRESS ON FILE As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Undetermined Basis for the claim: SEVERANCE CLAIM Last 4 digits of account number Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$9,011.81	\$9,011.81

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.100	Priority creditor's name and mailing address	\$3,631.41	\$3,631.41
	<p>EMPLOYEE 2018-665253 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: SEVERANCE CLAIM</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		
2.101	Priority creditor's name and mailing address	\$4,442.32	\$4,442.32
	<p>EMPLOYEE 2018-665254 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: SEVERANCE CLAIM</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		
2.102	Priority creditor's name and mailing address	\$ Undetermined	\$ Undetermined
	<p>FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE STREET TALLAHASSEE, FL 32999-0135</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: CONTINGENT TAX LIABILITY</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>		
2.103	Priority creditor's name and mailing address	\$ Undetermined	\$ Undetermined
	<p>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPS REGISTRATION SECTION PO BOX 6327 TALLAHASSEE, FL 32314</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Date or dates debt was incurred Undetermined</p> <p>Basis for the claim: CONTINGENT TAX LIABILITY</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>		

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.104 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO, CA 94257-0531

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.105 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

GREGORY F.X. DALY
COLLECTOR OF REVENUE
410 CITY HALL, 1200 MARKET ST
ST. LOUIS, MO 63103-2841

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.106 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

ILLINOIS DEPT. OF REVENUE
101 W JEFFERSON ST
SPRINGFIELD, IL 62702

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.107 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

INTERNAL REVENUE SERVICE
1111 CONSTITUTION AVENUE NW
WASHINGTON, DC 20224

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

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Total claim

Priority amount

2.108 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

KENTUCKY STATE TREASURER
1050 US-127 #100
FRANKFORT, KY 40601

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.109 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

MASSACHUSETTS DEPARTMENT OF REVENUE
100 CAMBRIDGE STREET
BOSTON, MA 02114

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.110 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

MICHIGAN DEPARTMENT OF TREASURY
PO BOX 30774
LANSING, MI 48909-8274

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.111 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

MINNESOTA DEPT. OF REVENUE
600 NORTH ROBERT STREET
ST PAUL, MN 55101

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.112 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

NEVADA DEPARTMENT OF REVENUE
2550 PASEO VERDE PKWY #180
HENDERSON, NV 89074

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.113 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

NEW YORK DEPARTMENT OF TAXATION AND FINANCE
W A HARRIMAN CAMPUS
BUILDING 8, ROOM 200
ALBANY, NY 12227

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.114 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

NORTH CAROLINA DEPARTMENT OF REVENUE
PO BOX 25000
RALEIGH, NC 27640-0700

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.115 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

NYC DEPT FINANCE
PO BOX 3931
NEW YORK, NY 10008-3931

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.116 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

NYS TAX DEPARTMENT
W.A. HARRIMAN CAMPUS
ALBANY, NY 12227-0931

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.117 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

OKLAHOMA TAX COMMISSION
2501 N LINCOLN BLVD
OKLAHOMA CITY, OK 73194

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.118 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

PENNSYLVANIA DEPT OF REVENUE
PO BOX 280425 327 WALNUT ST FL 3
HARRISBURG, PA 17128-2005

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.119 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

RITA - REGIONAL INCOME TAX
10107 BRECKSVILLE ROAD
BRECKSVILLE, OH 44141

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.120 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

STATE OF NEW JERSEY DIVISION OF TAXATION
N.J. DIVISION OF TAXATION
605 S BROAD STREET
TRENTON, NJ 08625

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.121 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

STATE OF NEW JERSEY DIVISION OF TAXATION
N.J. DIVISION OF TAXATION
605 S BROAD STREET
TRENTON, NJ 08625

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.122 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

STATE OF NEW JERSEY, DEPARTMENT OF THE
TREASURY, DIVISION OF REVENUE AND
ENTERPRISE SERVICES
33 W STATE ST
TRENTON, NJ 08608

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.123 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

STATE OF NEW JERSEY, DEPARTMENT OF THE
TREASURY, DIVISION OF REVENUE AND
ENTERPRISE SERVICES
33 W STATE ST
TRENTON, NJ 08608

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.124 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

STATE OF NEW JERSEY
DEPT OF LABOR & WORKFORCE
DEVELOPMENT
PO BOX 929
TRENTON, NJ 08646-0929

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.125 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

STATE OF NJ-CBT
DIVISION OF TAXATION REVENUE PROCESSING
CENTER
PO BOX 666
TRENTON, NJ 08646-0666

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.126 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

TENNESSEE DEPARTMENT OF REVENUE
ANDREW JACKSON STATE BUILDING
500 DEADERICK STREET
NASHVILLE, TN 37242

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.127 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
PO BOX 149348
AUSTIN, TX 78714-9348

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.128 **Priority creditor's name and mailing address** \$4,675.16 \$4,675.16

TREASURER-STATE OF OHIO
PO BOX 16158
COLUMBUS, OH 43216-6158

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
FRANCHISE TAX

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.129 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

TREASURER-STATE OF OHIO
PO BOX 16158
COLUMBUS, OH 43216-6158

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.130 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

UNITED STATES TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI, OH 45999-0039

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.131 **Priority creditor's name and mailing address** \$ \$ Undetermined

VIRGINIA DEPARTMENT OF TAXATION
1957 WESTMORELAND STREET
RICHMOND, VA 23230

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.132 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

WASHINGTON SECRETARY OF STATE
PO BOX 40234
OLYMPIA, WA 98504

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.133 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

WASHINGTON STATE DEPARTMENT OF
REVENUE
6500 LINDERSON WAY SW
TURNWATER, WA 98501

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

2.134 **Priority creditor's name and mailing address** \$ Undetermined \$ Undetermined

WHITLEY COUNTY OCCUPATIONAL TAX
PO BOX 268
WILLIAMSBURG, KY 40769

As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined

Basis for the claim:
CONTINGENT TAX LIABILITY

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

- ☐ No
☐ Yes

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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 8X8 2125 O'NEL DIRVE SAN JOSE, CA 95131 Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE PAYABLE</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>1,213.24</u>
3.2	Nonpriority creditor's name and mailing address AMERICAN SOLUTIONS FOR BUSINESS 8479 SOLUTION CENTER CHICAGO, IL 60677-8044 Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE PAYABLE</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>116.71</u>
3.3	Nonpriority creditor's name and mailing address ARALEZ PHARMACEUTICALS CANADA INC 7100 WEST CREDIT AVENUE SUITE 101 MISSISSAUGA, ON L5N 0E4 CANADA Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INTERCOMPANY PAYABLE</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>337,960.91</u>
3.4	Nonpriority creditor's name and mailing address ARALEZ PHARMACEUTICALS TRADING DAC 2 HUME STREET DUBLIN 2 D02 FT82 IRELAND Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INTERCOMPANY PAYABLE</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>14,801,176.22</u>
3.5	Nonpriority creditor's name and mailing address ARCHETYPE CONSULTING 180 CANAL STREET, SUITE 600 BOSTON, MA 02114 Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE PAYABLE</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>1,149.68</u>
3.6	Nonpriority creditor's name and mailing address CIS BY DELOITTE 3809 WEST CHESTER PIKE SUITE 1000 NEWTOWN SQUARE, PA 19073 Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRADE PAYABLE</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>9,222.23</u>

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Part 2: Additional Page

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Amount of claim

3.7	Nonpriority creditor's name and mailing address	<u>\$32.69</u>
	<p>CISCO WEBEX, LLC 16720 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.8	Nonpriority creditor's name and mailing address	<u>\$20.57</u>
	<p>COBALT BUSINESS SYSTEMS, LLC 24 STONEY HILL LANE MOUNT LARUEL, NJ 08054</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.9	Nonpriority creditor's name and mailing address	<u>\$2,667.34</u>
	<p>CONSULTANT ADDRESS ON FILE</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.10	Nonpriority creditor's name and mailing address	<u>\$48,019.64</u>
	<p>DEPARTMENT OF VETERANS AFFAIRS FISCAL DIVISION (901A), ATTN: C.R. AGENT CASHIER PO BOX 7005 HINES, IL 60141</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.11	Nonpriority creditor's name and mailing address	<u>\$125,000.00</u>
	<p>EAGLE PHARMACY LLC PO BOX 90937 ATTN: EAGLE AR LAKE LAND, FL 33804-0937</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Part 2: Additional Page

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Amount of claim

3.12	Nonpriority creditor's name and mailing address	\$10,114.48
	<p>ECONDISC CONTRACTING SOLUTIONS LLC 25522 NETWORK PLACE CHICAGO, IL 60673-1255</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.13	Nonpriority creditor's name and mailing address	\$231,225.70
	<p>EMKAY 805 W THORNDALE AVENUE ITASCA, IL 60143</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.14	Nonpriority creditor's name and mailing address	\$26,176.91
	<p>EMPLOYEE 2018-665160 ADDRESS ON FILE</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: SEVERANCE CLAIM</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.15	Nonpriority creditor's name and mailing address	\$197,333.48
	<p>EMPLOYEE 2018-665179 ADDRESS ON FILE</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: SEVERANCE CLAIM</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.16	Nonpriority creditor's name and mailing address	\$26,902.08
	<p>EMPLOYEE 2018-665197 ADDRESS ON FILE</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: SEVERANCE CLAIM</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.17	Nonpriority creditor's name and mailing address	\$ <u>Undetermined</u>
	<p>FIDELITY AND DEPOSIT COMPANY OF MARYLAND 1299 ZURICH WAY SCHAUMBURG, IL 60196-1056</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: SURETY BOND NUMBER LPM9245607 FOR THE BENEFIT OF THE STATE OF MISSISSIPPI AND THE MISSISSIPPI BOARD OF PHARMACY (MBP)</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.18	Nonpriority creditor's name and mailing address	\$ <u>17,462.59</u>
	<p>FISHER CLINICAL SERVICES 13741 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.19	Nonpriority creditor's name and mailing address	\$ <u>486,529.55</u>
	<p>GHG SUMMIT LLC PO BOX 783346 PHILADELPHIA, PA 19178-3346</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.20	Nonpriority creditor's name and mailing address	\$ <u>403,428.53</u>
	<p>HEALIX INC. PO BOX 74008223 CHICAGO, IL 60674-8223</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	Nonpriority creditor's name and mailing address	\$ <u>117.90</u>
	<p>IRON MOUNTAIN PO BOX 27128 NEW YORK, NY 10087-7128</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.22	Nonpriority creditor's name and mailing address	\$551.77
	<p>LIFE STORAGE SOLUTIONS LLC 6467 MAIN STREET WILLIAMSVILLE, NY 14221</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.23	Nonpriority creditor's name and mailing address	\$4,372.64
	<p>MAPI LIFE SCIENCES CANADA INC. LOCKBOX NO: T56404C/U PO BOX 56404 STN A TORONTO, ON M5W 4L1 CANADA</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.24	Nonpriority creditor's name and mailing address	\$2,140.00
	<p>MERRILL COMMUNICATIONS LLC CM-9638 ST. PAUL, MN 55170-9638</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.25	Nonpriority creditor's name and mailing address	\$25,000.42
	<p>NASDAQ CORPORATE SOLUTIONS LLC PO BOX 78700 PHILADELPHIA, PA 19178-0700</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.26	Nonpriority creditor's name and mailing address	\$64,359.18
	<p>PHOENIX MARKETING SOLUTIONS 121 CHANLON ROAD SUITE 300 NEW PROVIDENCE, NJ 07974</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.27	Nonpriority creditor's name and mailing address	\$798.39
	<p>POLARIS SOLUTION LLC PO BOX 8500-784290 PHILADELPHIA, PA 19178-4290</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.28	Nonpriority creditor's name and mailing address	\$55,810.00
	<p>PORETTA & ORR INC. 450 EAST STREET DOYLESTOWN, PA 18901</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.29	Nonpriority creditor's name and mailing address	\$110,587.54
	<p>QPHARMA, INC. 22 SOUTH STREET MORRISTOWN, NJ 07960</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.30	Nonpriority creditor's name and mailing address	\$4,035.50
	<p>REED SMITH LLP P. O. BOX 360110 PITTSBURGH, PA 15251-6110</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.31	Nonpriority creditor's name and mailing address	\$1.59
	<p>SELMAN & COMPANY LLC 6110 PARKLAND BOULEVARD CLEAVLAND, OH 44124</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.32	Nonpriority creditor's name and mailing address	\$129.50
	<p>SHRED-IT USA 28883 NETWORK PLACE CHICAGO, IL 60673-1288</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.33	Nonpriority creditor's name and mailing address	\$129,855.92
	<p>SOURCE HEALTHCARE ANALYTICS, LLC P.O. BOX 277158 ATLANTA, GA 30384-7158</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.34	Nonpriority creditor's name and mailing address	\$1,618.95
	<p>THE HIBBERT GROUP LBX 41765, PO BOX 8500 PHILADELPHIA, PA 19178</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.35	Nonpriority creditor's name and mailing address	\$1,000.00
	<p>TRIBUTE PHARMACEUTICALS INTERNATIONAL INC SUITE 203, BUILDING NO. 8 HARBOUR ROAD SAINT MICHAEL BARBADOS</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: INTERCOMPANY PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.36	Nonpriority creditor's name and mailing address	\$2,177.42
	<p>TWO LABS LLC PO BOX 933205 CLEVELAND, OH 44193</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.37	Nonpriority creditor's name and mailing address	\$91.60
	<p>UPS PO BOX 7247-0244 PHILADELPHIA, PA 19170-0001</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.38	Nonpriority creditor's name and mailing address	\$6,000.00
	<p>VEEVA SYSTEMS INC. BOX 223085 PITTSBURGH, PA 15251-2085</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.39	Nonpriority creditor's name and mailing address	\$2,000.00
	<p>VPD PARTNERS, LLC 1000 ALEMANY STREET MORRISVILLE, NC 27560</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.40	Nonpriority creditor's name and mailing address	\$1,894.65
	<p>WITMAN PROPERTIES, LLC C/O WOODMONT PROPERTIES 100 PASSAIC AVENUE FAIRFIELD, NJ 07004</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number *(if known)* 18-12425 (MG)

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 2,156,029.59
+ undetermined amounts

5b. Total claims from Part 2

5b. + \$ 17,138,295.52
+ undetermined amounts

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$ 19,294,325.11
+ undetermined amounts

Fill in this information to identify the case:

Debtor name ARALEZ PHARMACEUTICALS US INC.

United States Bankruptcy Court for the: Southern District of New York

Case number (if known): 18-12425 (MG) Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest LEASE FOR SUITE 1710, 3 COLUMBUS CIRCLE DATE 9/8/2015 State the term remaining List the contract number of any government contract	3 COLUMBUS CIRCLE LLC C/O SL GREEN REALTY CORP. 420 LEXINGTON AVENUE NEW YORK, NY 10170
2.2	State what the contract or lease is for and the nature of the debtor's interest CONSENT LETTER DATED 7/7/2016 State the term remaining List the contract number of any government contract	A&L GOODBODY INTERNATIONAL FINANCIAL SERVICES CENTRE 28 NORTH WALL QUAY DUBLIN 1 D01 H104 IRELAND
2.3	State what the contract or lease is for and the nature of the debtor's interest SERVICE AGREEMENT State the term remaining List the contract number of any government contract	AASONN, LLC 184 SHUMAN BLVD, SUITE 500 NAPERVILLE, IL 60563
2.4	State what the contract or lease is for and the nature of the debtor's interest PAYROLL AND HR MANAGEMENT SERVICE AGREEMENT State the term remaining List the contract number of any government contract	ADP INTERNATIONAL SERVICES LYLANTSE BAAN 1 CAPELLE AAN DEN IJSSEL, LG 2908 NETHERLANDS
2.5	State what the contract or lease is for and the nature of the debtor's interest SERVICE AGREEMENT State the term remaining List the contract number of any government contract	AMERICAN SOLUTIONS FOR BUSINESS 310 HANSEN ACCESS ROAD, SUITE 105 KING OF PRUSSIA, PA 19406

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>DISTRIBUTION SERVICES AGREEMENT DATED 5/23/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>AMERISOURCEBERGEN DRUG CORPORATION 1300 MORRIS DRIVE CHESTERBROOK, PA 19087-5594</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>NON-EXCLUSIVE DISTRIBUTION AGREEMENT DATED 4/1/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>ARALEZ PHARMACEUTICALS TRADING DAC 2 HUME STREET DUBLIN 2 D02 FT82 IRELAND</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>DESIGNATION OF AGENT AGREEMENT DATED 2/23/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>ASTRAZENECA AB 1800 CONCORD PIKE WILMINGTON, DE 19803</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>DESIGNATION OF AGENT AGREEMENT DATED 2/23/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>ASTRAZENECA PHARMACEUTICALS LP 1800 CONCORD PIKE WILMINGTON, DE 19803</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>BLOOMBERG DATAFEED ADDENDUM AND ALL AMENDMENTS DATED 11/21/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>BLOOMBERG LP P.O. BOX 416604 BOSTON, MA 02241-6604</p>
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EXCLUSIVE DISTRIBUTION AGREEMENT DATED 4/11/2016 AND ALL RELATED AMENDMENTS</p> <p>State the term remaining List the contract number of any government contract</p>	<p>CARDINAL HEALTH 105, INC. SPECIALTY PHARMACEUTICAL SERVICES 15 INGRAM BOULEVARD SUITE 100 LAVERGNE, TN 37086</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>DEVELOPING SUPPLIERS PROGRAM DISTRIBUTION SERVICES AGREEMENT DATED 4/1/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>CARDINAL HEALTH 7000 CARDINAL PLACE DUBLIN, OH 43017</p>

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>REBATE AGREEMENT DATED 10/1/2016 AND ALL RELATED AMENDMENTS</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CAREMARKPCS HEALTH LLC 2211 SANDERS ROAD NORTHBROOK, IL 60062</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MASTER SERVICES AGREEMENT DATED 9/12/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CHANGE HEALTHCARE SOLUTIONS, LLC 3055 LEBANON PIKE NASHVILLE, TN 37214</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK #1 DATED 9/13/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CHANGE HEALTHCARE SOLUTIONS, LLC 3055 LEBANON PIKE NASHVILLE, TN 37214</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>REBATE AGREEMENT DATED 7/1/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CIGNA HEALTH AND LIFE INSURANCE MANUFACTURER KERRI MILLER, PHARM D VICE PRESIDENT, PHARMACEUTICAL CONTRACTING 900 COTTAGE GROVE ROAD, B5PHR HARTFORD, CT 06152</p>
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LICENSE AGREEMENT AND ALL RELATED AMENDMENTS</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CLINICAL DRUG INFORMATION, LLC 8425 WOODFIELD CROSSING BOULEVARD SUITE 490 INDIANAPOLIS, IN 46240</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CONSULTANT AGREEMENT DATED 4/11/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTANT ADDRESS ON FILE</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MANAGED SERVICES STATEMENT OF WORK DATED 5/11/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONVERGEONE, INC. NW 5806PO BOX 1450 MINNEAPOLIS, MN 55485-5806</p>

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.20	State what the contract or lease is for and the nature of the debtor's interest	MEDICARE PART D PROGRAM REBATE AGREEMENT DATED 7/1/2017	CVS CAREMARK PART D SERVICES, L.L.C. 2211 SANDERS ROAD NORTHBROOK, IL 60062
	State the term remaining List the contract number of any government contract		
2.21	State what the contract or lease is for and the nature of the debtor's interest	SECOND AMENDED AND RESTATED FACILITY AGREEMENT DATED 12/7/2015 AND ALL RELATED AMENDMENTS.	DEERFIELD PARTNERS, L.P. 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017
	State the term remaining List the contract number of any government contract		
2.22	State what the contract or lease is for and the nature of the debtor's interest	SECOND AMENDED AND RESTATED FACILITY AGREEMENT DATED 12/7/2015 AND ALL RELATED AMENDMENTS.	DEERFIELD PRIVATE DESIGN FUND III, L.P. 780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017
	State the term remaining List the contract number of any government contract		
2.23	State what the contract or lease is for and the nature of the debtor's interest	STATEMENT OF WORK: RESTATEMENT SERVICES AMENDMENT DATED 10/21/2016	DELOITTE & TOUCHE LLP P.O. BOX 844736 DALLAS, TX 75284-4736
	State the term remaining List the contract number of any government contract		
2.24	State what the contract or lease is for and the nature of the debtor's interest	STATEMENT OF WORK AMENDMENT A DATED 12/11/2015	DELOITTE & TOUCHE LLP P.O. BOX 844736 DALLAS, TX 75284-4736
	State the term remaining List the contract number of any government contract		
2.25	State what the contract or lease is for and the nature of the debtor's interest	STATEMENT OF WORK DATED 12/8/2016	DELOITTE & TOUCHE LLP P.O. BOX 844736 DALLAS, TX 75284-4736
	State the term remaining List the contract number of any government contract		
2.26	State what the contract or lease is for and the nature of the debtor's interest	MASTER SERVICES AGREEMENT AND RELATED DOCUMENTS DATED 12/9/2015	DR/DECISION RESOURCES, LLC 8 NEW ENGLAND EXECUTIVE PARK BURLINGTON, MA 01803
	State the term remaining List the contract number of any government contract		

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.27	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK DATED 2/2/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DR/DECISION RESOURCES, LLC 800 DISTRICT AVENUE SUITE 600 BURLINGTON, MA 01803</p>
2.28	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CONTRACT APPROVAL FORM AND STATEMENT OF WORK DATED 1/26/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DR/DECISION RESOURCES, LLC 800 DISTRICT AVENUE SUITE 600 BURLINGTON, MA 01803</p>
2.29	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK DATED 6/6/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DR/DECISION RESOURCES, LLC 800 DISTRICT AVENUE SUITE 600 BURLINGTON, MA 01803</p>
2.30	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>THIRD PARTY DATA USE AGREEMENT DATED SEPTEMBER 2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DR/DECISION RESOURCES, LLC 800 DISTRICT AVENUE SUITE 600 BURLINGTON, MA 01803</p>
2.31	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK DATED 6/6/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DR/DECISION RESOURCES, LLC 800 DISTRICT AVENUE SUITE 600 BURLINGTON, MA 01803</p>
2.32	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MANUFACTURER DIRECT MASTER SERVICE AGREEMENT DATED 5/17/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EAGLE PHARMACY LLC 350 EAGLE LANDING DRIVE LAKELAND, FL 33810</p>
2.33	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>FORM OF WORK ORDER - WORK ORDER NO.1 DATED 5/17/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EAGLE PHARMACY LLC 350 EAGLE LANDING DRIVE LAKELAND, FL 33810</p>

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CORPORATE GUARANTY DATED 9/25/2015</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMKAY INC. 805 WEST THORNDALE AVENUE ITASCA, IL 60143</p>	
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>VEHICLE LEASE AGREEMENT DATED 9/25/2015</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMKAY INC. 805 WEST THORNDALE AVENUE ITASCA, IL 60143</p>	
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>FLEET SERVICES AGREEMENT DATED 9/25/2015</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMKAY INC. 805 WEST THORNDALE AVENUE ITASCA, IL 60143</p>	
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-664977 ADDRESS ON FILE</p>	
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-664979 ADDRESS ON FILE</p>	
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-664988 ADDRESS ON FILE</p>	
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-664991 ADDRESS ON FILE</p>	

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-664995 ADDRESS ON FILE</p>	
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-664998 ADDRESS ON FILE</p>	
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665001 ADDRESS ON FILE</p>	
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665004 ADDRESS ON FILE</p>	
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665007 ADDRESS ON FILE</p>	
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665010 ADDRESS ON FILE</p>	
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665013 ADDRESS ON FILE</p>	

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665016 ADDRESS ON FILE</p>	
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665018 ADDRESS ON FILE</p>	
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665024 ADDRESS ON FILE</p>	
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665027 ADDRESS ON FILE</p>	
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665030 ADDRESS ON FILE</p>	
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665033 ADDRESS ON FILE</p>	
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665038 ADDRESS ON FILE</p>	

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665041 ADDRESS ON FILE</p>	
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665043 ADDRESS ON FILE</p>	
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665046 ADDRESS ON FILE</p>	
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665049 ADDRESS ON FILE</p>	
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665060 ADDRESS ON FILE</p>	
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665062 ADDRESS ON FILE</p>	
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665066 ADDRESS ON FILE</p>	

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665069 ADDRESS ON FILE</p>	
2.63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665072 ADDRESS ON FILE</p>	
2.64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665075 ADDRESS ON FILE</p>	
2.65	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665078 ADDRESS ON FILE</p>	
2.66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665081 ADDRESS ON FILE</p>	
2.67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665084 ADDRESS ON FILE</p>	
2.68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665086 ADDRESS ON FILE</p>	

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.69	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665089 ADDRESS ON FILE</p>	
2.70	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665092 ADDRESS ON FILE</p>	
2.71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665096 ADDRESS ON FILE</p>	
2.72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665098 ADDRESS ON FILE</p>	
2.73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665101 ADDRESS ON FILE</p>	
2.74	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665107 ADDRESS ON FILE</p>	
2.75	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665111 ADDRESS ON FILE</p>	

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2.76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665113 ADDRESS ON FILE</p>	
2.77	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665117 ADDRESS ON FILE</p>	
2.78	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665120 ADDRESS ON FILE</p>	
2.79	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665123 ADDRESS ON FILE</p>	
2.80	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665126 ADDRESS ON FILE</p>	
2.81	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665129 ADDRESS ON FILE</p>	
2.82	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665131 ADDRESS ON FILE</p>	

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2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665135 ADDRESS ON FILE</p>	
2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665138 ADDRESS ON FILE</p>	
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665141 ADDRESS ON FILE</p>	
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665144 ADDRESS ON FILE</p>	
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665151 ADDRESS ON FILE</p>	
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665153 ADDRESS ON FILE</p>	
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665156 ADDRESS ON FILE</p>	

Debtor ARALEZ PHARMACEUTICALS US INC.
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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.90	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665159 ADDRESS ON FILE</p>	
2.91	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665160 ADDRESS ON FILE</p>	
2.92	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665162 ADDRESS ON FILE</p>	
2.93	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665165 ADDRESS ON FILE</p>	
2.94	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665168 ADDRESS ON FILE</p>	
2.95	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665171 ADDRESS ON FILE</p>	
2.96	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665174 ADDRESS ON FILE</p>	

Debtor ARALEZ PHARMACEUTICALS US INC.
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2.97	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665177 ADDRESS ON FILE</p>	
2.98	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665179 ADDRESS ON FILE</p>	
2.99	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665180 ADDRESS ON FILE</p>	
2.100	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665186 ADDRESS ON FILE</p>	
2.101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665189 ADDRESS ON FILE</p>	
2.102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665197 ADDRESS ON FILE</p>	
2.103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665232 ADDRESS ON FILE</p>	

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2.104	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665234 ADDRESS ON FILE</p>	
2.105	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665236 ADDRESS ON FILE</p>	
2.106	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665241 ADDRESS ON FILE</p>	
2.107	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665245 ADDRESS ON FILE</p>	
2.108	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665247 ADDRESS ON FILE</p>	
2.109	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665249 ADDRESS ON FILE</p>	
2.110	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665249 ADDRESS ON FILE</p>	

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2.111	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SEVERANCE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EMPLOYEE 2018-665254 ADDRESS ON FILE</p>	
2.112	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK #2 DATED 4/17/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>ERX NETWORK, LLC 301 COMMERCE STREET SUITE 3150 FORT WORTH, TX 76102-4102</p>	
2.113	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>DRUG PURCHASING AGREEMENT DATED 1/1/2018</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EXPRESS SCRIPTS PHARMACEUTICAL PROCUREMENT, LLC ONE EXPRESS WAY ST. LOUIS, MO 63121</p>	
2.114	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>DRUG PURCHASE AGREEMENT DATED 1/1/2018</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EXPRESS SCRIPTS PHARMACEUTICAL PROCUREMENT, LLC ONE EXPRESS WAY ST. LOUIS, MO 63121</p>	
2.115	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MUTUAL CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT DATED 10/31/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EXPRESS SCRIPTS PHARMACEUTICAL PROCUREMENT, LLC ONE EXPRESS WAY ST. LOUIS, MO 63121</p>	
2.116	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MEDICARE PART D INFLATION AGREEMENT DATED 1/1/2017 AND ALL RELATED AMENDMENTS</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EXPRESS SCRIPTS SENIOR CARE HOLDINGS, INC. ONE EXPRESS WAY ST. LOUIS, MO 63121</p>	
2.117	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MEDICARE PART D REBATE PROGRAM AGREEMENT DATED 1/1/17AND ALL RELATED AMENDMENTS</p> <p>State the term remaining List the contract number of any government contract</p>	<p>EXPRESS SCRIPTS SENIOR CARE HOLDINGS, INC. ONE EXPRESS WAY ST. LOUIS, MO 63121</p>	

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2.118	State what the contract or lease is for and the nature of the debtor's interest	INFLATION AGREEMENT DATED JANUARY 2017 AND ALL RELATED AMENDMENTS	EXPRESS SCRIPTS, INC. ONE EXPRESS WAY ST. LOUIS, MO 63121
	State the term remaining List the contract number of any government contract		
2.119	State what the contract or lease is for and the nature of the debtor's interest	PREFERRED SAVINGS GRID REBATE PROGRAM AGREEMENT DATED JANUARY 2017 AND ALL RELATED AMENDMENTS	EXPRESS SCRIPTS, INC. ONE EXPRESS WAY ST. LOUIS, MO 63121
	State the term remaining List the contract number of any government contract		
2.120	State what the contract or lease is for and the nature of the debtor's interest	INVESTMENT SERVICES AGREEMENT	FIDELITY INVESTMENTS INST PO BOX 73307 CHICAGO, IL 60673-7307
	State the term remaining List the contract number of any government contract		
2.121	State what the contract or lease is for and the nature of the debtor's interest	COMPETITIVE PRICE ALLOWANCE PROGRAM	FORD MOTOR COMPANY REGENT COURT BUILDING 16800 EXECUTIVE PLAZA DR MAIL DROP 6N446 DEARBORN, MI 48183
	State the term remaining List the contract number of any government contract		
2.122	State what the contract or lease is for and the nature of the debtor's interest	BUSINESS ASSOCIATE AGREEMENT	GALLAGHER BENEFIT SERVICES, INC. TWO PIERCE PLACE-14TH FLOOR ITASCA, IL 60143
	State the term remaining List the contract number of any government contract		
2.123	State what the contract or lease is for and the nature of the debtor's interest	WHOLESALE SERVICES AND INVENTORY MANAGEMENT AGREEMENT DATED 10/1/2016	H.D. SMITH, LLC 3063 FIAT AVE SPRINGFIELD, IL 62703
	State the term remaining List the contract number of any government contract		
2.124	State what the contract or lease is for and the nature of the debtor's interest	REBATE AGREEMENT DATED 4/1/2017	HEALTH NET PHARMACEUTICAL SERVICES 2868 PROSPECT PARK DRIVE SUITE 230 RANCHO CORDOVA, CA 95670
	State the term remaining List the contract number of any government contract		

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2.125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LOCAL NEGOTIATED PREFERRED VOLUME RATE AGREEMENT DATED 1/20/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HYATT REGENCY PRINCETON 150 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606</p>
2.126	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYEE BENEFIT AGREEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENCE BLUE CROSS LOCKBOX 3092 P.O. BOX 8500 PHILADELPHIA, PA 19178-3092</p>
2.127	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>BENEFIT ADMINISTRATION AGREEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INFINISOURCE INC ATTN: FINANCE, PO BOX 889 COLDWATER, MI 49036-0889</p>
2.128	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>PAY FOR PERFORMANCE AGREEMENT DATED 1/1/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>J M SMITH CORPORATION 9098 FAIRFOREST RD SPARTANBURG, SC 29301</p>
2.129	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EXCLUSIVE SEARCH AGREEMENT DATED 12/7/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LESLIE GABER ASSOCIATES 1 LONGSTREET ROAD MANALAPAN, NJ 07726</p>
2.130	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CORE DISTRIBUTION AGREEMENT DATED JUNE 2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MCKESSON SPECIALTY ARIZONA INC. 5701 NORTH PIMA ROAD SCOTTSDALE, AZ 85250</p>
2.131	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ENGAGEMENT LETTER AND ALL AMENDMENTS DATED 7/18/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MOELIS & COMPANY LLC PARK AVENUE, 5TH FLOOR NEW YORK, NY 10022</p>

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2.132	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SERVICE ORDER AGREEMENT DATED 11/18/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>NASDAQ CORPORATE SOLUTIONS LLC PO BOX 78700 PHILADELPHIA, PA 19178-0700</p>
2.133	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK DATED 9/27/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>NDCHEALTH CORPORATION D/B/A RELAYHEALTH 1564 N.E. EXPRESSWAY ATLANTA, GA 30329</p>
2.134	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK DATED 4/18/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>NDCHEALTH CORPORATION D/B/A RELAYHEALTH 1564 N.E. EXPRESSWAY ATLANTA, GA 30329</p>
2.135	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SERVICE AGREEMENT DATED 3/4/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>NDCHEALTH CORPORATION D/B/A RELAYHEALTH 1564 N.E. EXPRESSWAY ATLANTA, GA 30329</p>
2.136	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK DATED 9/20/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>NDCHEALTH CORPORATION D/B/A RELAYHEALTH 1564 N.E. EXPRESSWAY ATLANTA, GA 30329</p>
2.137	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MASTER SERVICES AGREEMENT DATED 2/3/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>OPTIMIZERX CORPORATION 400 WATER STREET SUITE 200 ROCHESTER, MI 48307</p>
2.138	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK #1 DATED 2/3/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>OPTIMIZERX CORPORATION 400 WATER STREET SUITE 200 ROCHESTER, MI 48307</p>

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2.139	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK #2 DATED 6/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>OPTIMIZERX CORPORATION 400 WATER STREET SUITE 200 ROCHESTER, MI 48307</p>
2.140	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>REBATE AGREEMENT DATED 4/1/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>OPTUMRX, INC. 17900 VON KARMAN AVENUE M/S CA016-0202 IRVINE, CA 92614</p>
2.141	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CONFIDENTIALITY AGREEMENT DATED 1/25/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PATIENT POINT NETWORK SOLUTIONS, LLC 5901 E GALBRAITH ROAD SUITE R1000 CINCINNATI, OH 45236</p>
2.142	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK #20 DATED 11/21/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PHARMACEUTICAL DATA SERVICES, INC. 43 MARNE STREET REAR HAMDEN, CT 06514</p>
2.143	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK #22 DATED 12/12/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PHARMACEUTICAL DATA SERVICES, INC. 43 MARNE STREET REAR HAMDEN, CT 06514</p>
2.144	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK #18 DATED 12/16/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PHARMACEUTICAL DATA SERVICES, INC. 43 MARNE STREET REAR HAMDEN, CT 06514</p>
2.145	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK #17 DATED 12/12/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PHARMACEUTICAL DATA SERVICES, INC. 43 MARNE STREET REAR HAMDEN, CT 06514</p>

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.146	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK #19 DATED 12/12/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>PHARMACEUTICAL DATA SERVICES, INC. 43 MARNE STREET REAR HAMDEN, CT 06514</p>
2.147	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ENGAGEMENT LETTER DATED 8/2/2018</p> <p>State the term remaining List the contract number of any government contract</p>	<p>PRIME CLERK 830 3RD AVE NEW YORK, NY 10022</p>
2.148	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MEDICARE PART D REBATE AND ADMINISTRATIVE FEE AGREEMENT DATED 10/1/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>PRIME THERAPEUTICS LLC 1305 CORPORATE CENTER DRIVE EAGAN, MN 55121</p>
2.149	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CONFIDENTIALITY AGREEMENT DATED 6/14/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>PRINTPLUS.COM INC 452A ROUTE 519 STEWARTSVILLE, NJ 08886</p>
2.150	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>INVESTMENT SERVICES AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>PRIVATE ADVISOR GROUP, LLC 65 MADISON AVENUE, STE 300 MORRISTOWN, NJ 07960</p>
2.151	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SERVICE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>PURCHASE POWER PO BOX 371874 PITTSBURGH, PA 15250-7874</p>
2.152	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK (PROJECT #4965) DATED 4/28/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>QPHARMA, INC. 22 SOUTH STREET MORRISTOWN, NJ 07960</p>

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.153	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK (PROJECT #4806) DATED 10/2/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>QPHARMA, INC. 22 SOUTH STREET MORRISTOWN, NJ 07960</p>
2.154	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MASTER SERVICES AGREEMENT DATED 10/2/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>QPHARMA, INC. 22 SOUTH STREET MORRISTOWN, NJ 07960</p>
2.155	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK (PROJECT #4765) DATED 10/2/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>QPHARMA, INC. 22 SOUTH STREET MORRISTOWN, NJ 07960</p>
2.156	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK (PROJECT #4767) DATED 10/2/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>QPHARMA, INC. 22 SOUTH STREET MORRISTOWN, NJ 07960</p>
2.157	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LEASE FOR 555 E. LANCASTER AVE, SUITE 540 DATED 10/30/2015 --LEASE WAS ASSIGNED TO ARALEZ PHARMACEUTICALS MANAGEMENT INC. 10/12/2016, EFFECTIVE 2/5/2016.</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RADNOR PROPERTIES-555 LA, LP C/O BRANDYWINE OPERATING PARTNERSHIP, LP ATTN: JEFF DEVUONO 555 EAST LANCASTER AVE, SUITE 100 RADNOR, PA 19087</p>
2.158	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CONFIDENTIAL DISCLOSURE AGREEMENT DATED 9/27/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REDACTED ADDRESS ON FILE</p>
2.159	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK DATED 6/21/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RGP - RESOURCES GLOBAL PO BOX 740909 LOS ANGELES, CA 90074-0909</p>

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.160	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>PROFESSIONAL SERVICES AGREEMENT DATED 6/21/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>RGP - RESOURCES GLOBAL PO BOX 740909 LOS ANGELES, CA 90074-0909</p>
2.161	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>DISTRIBUTION SERVICES AGREEMENT DATED 1/24/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>ROCHESTER DRUG COOPERATIVE, INC. 50 JET VIEW DRIVE PO BOX 24389 ROCHESTER, NY 14624-0389</p>
2.162	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ENGAGEMENT AGREEMENT DATED 1/1/2018</p> <p>State the term remaining List the contract number of any government contract</p>	<p>RSM US LLP 379 THRONALL STREET 2ND FLOOR EDISON, NJ 08837</p>
2.163	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYEE BENEFIT AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SELMAN & COMPANY LLC 6110 PARKLAND BOULEVARD CLEAVLAND, OH 44124</p>
2.164	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SERVICE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SHRED-IT USA 28883 NETWORK PLACE CHICAGO, IL 60673-1288</p>
2.165	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>THIRD PARTY DATA USE AGREEMENT DATED SEPTEMBER 2015</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SOURCE HEALTHCARE ANALYTICS, LLC 2390 EAST CAMELBACK ROAD PHOENIX, AZ 85016</p>
2.166	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>USER-CUSTOMER AGREEMENT FOR AMA PHYSICIAN PROFESSIONAL DATA AND CONTRACT APPROVAL DATED 9/1/2015</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SOURCE HEALTHCARE ANALYTICS, LLC 2390 EAST CAMELBACK ROAD SUITE #110 PHOENIX, AZ 85016</p>

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.167	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SERVICE AGREEMENT DATED 2/14/2018</p> <p>State the term remaining List the contract number of any government contract</p>	<p>STERLING TALENT SOLUTIONS 1 STATE STREET PLAZA, 24TH FLOOR NEW YORK, NY 10004</p>
2.168	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYEE BENEFIT AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SUNLIFE FINANCIAL PO BOX 7247-0381 PHILADELPHIA, PA 19170-0381</p>
2.169	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CLIENT AGREEMENT DATED 8/1/2015</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SYMPHONY HEALTH SOLUTIONS CORPORATION 2390 EAST CAMELBACK ROAD SUITE #110 PHOENIX, AZ 85016</p>
2.170	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK NO. 11 DATED 6/26/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SYMPHONY HEALTH SOLUTIONS CORPORATION 2390 EAST CAMELBACK ROAD SUITE #110 PHOENIX, AZ 85016</p>
2.171	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK NO. 7 DATED 12/9/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SYMPHONY HEALTH SOLUTIONS CORPORATION 2390 EAST CAMELBACK ROAD SUITE #110 PHOENIX, AZ 85016</p>
2.172	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK NO. 03 DATED 4/28/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SYMPHONY HEALTH SOLUTIONS CORPORATION 2390 EAST CAMELBACK ROAD SUITE #110 PHOENIX, AZ 85016</p>
2.173	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ENGAGEMENT LETTER</p> <p>State the term remaining List the contract number of any government contract</p>	<p>TACTIX REAL ESTATE ADVISORS, LLC TWO LOGAN CIRCLE, 100 NORTH 18TH STREET, SUITE 520 PHILADELPHIA, PA 19103</p>

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.174	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MASTER SERVICES AGREEMENT DATED 11/7/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>THE DOMINION GROUP, INC 1800 ALEXANDER BELL DRIVE SUITE 515 RESTON, VA 20191</p>
2.175	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK DATED 11-7-2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>THE DOMINION GROUP, INC 1800 ALEXANDER BELL DRIVE SUITE 515 RESTON, VA 20191</p>
2.176	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ENGAGEMENT LETTER - 401K PLAN AUDIT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>TORRILLO & ASSOCIATES 2 ROCK HILL ROAD NEWTOWN SQUARE, PA 19073</p>
2.177	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ALLIANCE MASTER RENTAL AGREEMENT DATED 2/8/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>UNCLE BOB'S SELF STORAGE 6467 MAIN STREET BUFFALO, NY 14221</p>
2.178	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYEE BENEFIT AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY PO BOX 827377 PHILADELPHIA, PA 19182-7377</p>
2.179	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>DESIGNATION OF AGENT AGREEMENT DATED 2/23/2017</p> <p>State the term remaining List the contract number of any government contract</p>	<p>UNITED STATES GOVERNMENT - DEPARTMENT OF VETERANS AFFAIRS 810 VERMONT AVENUE, NW WASHINGTON, DC 20420</p>
2.180	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SERVICE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>UPS PO BOX 7247-0244 PHILADELPHIA, PA 19170-0001</p>

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.181	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SECURITY SERVICE AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>USA SECURITY SERVICES INC. 240 FRISCH COURT, SUITE 303 PARAMUS, NJ 07652</p>	
2.182	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>HOSTED SERVICE AGREEMENT DATED 2/12/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>VALUECENTRIC, LLC 23 COBHAM DRIVE ORCHARD PARK, NY 14127</p>	
2.183	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MASTER SUBSCRIPTION AGREEMENT DATED 1/14/2016</p> <p>State the term remaining List the contract number of any government contract</p>	<p>VEEVA SYSTEMS INC. 3 COLUMBUS CIRCLE -- SUITE 1710 NEW YORK, NY 10019</p>	
2.184	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYEE BENEFIT AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>VISION BENEFITS OF AMERICA PO BOX 74008623 CHICAGO, IL 60674-8623</p>	
2.185	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SUPPLY AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>W.B. MASON CO, INC PO BOX 981101 BOSTON, MA 02298-1101</p>	
2.186	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYEE BENEFIT AGREEMENT</p> <p>State the term remaining List the contract number of any government contract</p>	<p>WAGEWORKS INC PO BOX 45772 SAN FRANCISCO, CA 94145-0772</p>	
2.187	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CONFIDENTIALITY AGREEMENT DATED 2/13/2018</p> <p>State the term remaining List the contract number of any government contract</p>	<p>WEBMD LLC 395 HUDSON STREET 3RD FLOOR NEW YORK, NY 10014</p>	

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.188	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ENGAGEMENT LETTER DATED 6/29/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WILLKIE FARR & GALLAGHER LLP 787 SEVENTH AVENUE, 2ND FLOOR NEW YORK, NY 10019-6099</p>
2.189	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LEASE FOR 3RD AND 4TH FLOORS OF 400 ALEXANDER ROAD DATED 4/18/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WITMAN PROPERTIES, LLC C/O WOODMONT PROPERTIES 100 PASSAIC AVENUE SUITE 240 FAIRFIELD, NJ 07004</p>
2.190	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MASTER CONSULTANT AGREEMENT DATED 9/3/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ZS ASSOCIATES, INC. 1800 SHERMAN AVE STE 700 EVANSTON, IL 60201</p>
2.191	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>STATEMENT OF WORK #15 DATED 9/3/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ZS ASSOCIATES, INC. 1800 SHERMAN AVE STE 700 EVANSTON, IL 60201</p>

Fill in this information to identify the case:

Debtor name ARALEZ PHARMACEUTICALS US INC.

United States Bankruptcy Court for the Southern District of New York

Case number (If known): 18-12425 (MG)

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 HALTON LABORATORIES LLC	C/O PRIME CLERK P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	CARDINAL HEALTH 105, INC.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.2 ARALEZ PHARMACEUTICALS HOLDINGS LIMITED	2 HUME STREET DUBLIN 2, D02 FT82IRELAND	DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 ARALEZ PHARMACEUTICALS INC.	7100 WEST CREDIT AVENUE SUITE 101 MISSISSAUGA, ON L5N 0E4CANADA	DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 ARALEZ PHARMACEUTICALS MANAGEMENT INC.	C/O PRIME CLERK, LLC P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 ARALEZ PHARMACEUTICALS R&D INC.	C/O PRIME CLERK, LLC P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 ARALEZ PHARMACEUTICALS MANAGEMENT INC.	C/O PRIME CLERK, LLC P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7 ARALEZ PHARMACEUTICALS R&D INC.	C/O PRIME CLERK, LLC P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 ARALEZ PHARMACEUTICALS TRADING DESIGNATED ACTIVITY COMPANY	2 HUME STREET DUBLIN 2, D02 FT82IRELAND	DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 HALTON LABORATORIES LLC	C/O PRIME CLERK P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10 POZEN INC.	C/O PRIME CLERK P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11 TRIBUTE PHARMACEUTICALS INTERNATIONAL INC.	SUITE 203, BUILDING NO. 8 HARBOUR ROAD SAINT MICHAEL, BARBADOS	DEERFIELD PARTNERS, L.P. & DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12 ARALEZ LUXEMBOURG FINANCE	SOCIETE A RESPONSABILITE LIMITEE 14, RUE EDWARD STEICHEN L-2540 LUXEMBOURG R.C.S. LUXEMBOURG B 200809 , LUXEMBOURG	DEERFIELD PARTNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.13 ARALEZ PHARMACEUTICALS CANADA INC	7100 WEST CREDIT AVENUE SUITE 101 MISSISSAUGA, ON L5N 0E4CANADA	DEERFIELD PARTNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.14 ARALEZ PHARMACEUTICALS HOLDINGS LIMITED	2 HUME STREET DUBLIN 2, D02 FT82IRELAND	DEERFIELD PARTNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.15 ARALEZ PHARMACEUTICALS INC.	7100 WEST CREDIT AVENUE SUITE 101 MISSISSAUGA, ON L5N 0E4CANADA	DEERFIELD PARTNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.16 ARALEZ PHARMACEUTICALS MANAGEMENT INC.	C/O PRIME CLERK, LLC P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PARTNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.17 ARALEZ PHARMACEUTICALS R&D INC.	C/O PRIME CLERK, LLC P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PARTNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:	
2.18 ARALEZ PHARMACEUTICALS TRADING DESIGNATED ACTIVITY COMPANY	2 HUME STREET DUBLIN 2, D02 FT82IRELAND	DEERFIELD PARTNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.19 HALTON LABORATORIES LLC	C/O PRIME CLERK P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PARTNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.20 POZEN INC.	C/O PRIME CLERK P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PARTNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.21 TRIBUTE PHARMACEUTICALS INTERNATIONAL INC.	SUITE 203, BUILDING NO. 8 HARBOUR ROAD SAINT MICHAEL, BARBADOS	DEERFIELD PARTNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.22 ARALEZ LUXEMBOURG FINANCE	SOCIETE A RESPONSABILITE LIMITEE 14, RUE EDWARD STEICHEN L-2540 LUXEMBOURG R.C.S. LUXEMBOURG B 200809 , LUXEMBOURG	DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.23 ARALEZ PHARMACEUTICALS CANADA INC	7100 WEST CREDIT AVENUE SUITE 101 MISSISSAUGA, ON L5N 0E4CANADA	DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.24 ARALEZ PHARMACEUTICALS HOLDINGS LIMITED	2 HUME STREET DUBLIN 2, D02 FT82IRELAND	DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.25 ARALEZ PHARMACEUTICALS INC.	7100 WEST CREDIT AVENUE SUITE 101 MISSISSAUGA, ON L5N 0E4CANADA	DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.26 ARALEZ PHARMACEUTICALS MANAGEMENT INC.	C/O PRIME CLERK, LLC P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.27 ARALEZ PHARMACEUTICALS R&D INC.	C/O PRIME CLERK, LLC P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.28 ARALEZ PHARMACEUTICALS TRADING DESIGNATED ACTIVITY COMPANY	2 HUME STREET DUBLIN 2, D02 FT82IRELAND	DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	

Debtor ARALEZ PHARMACEUTICALS US INC.
Name

Case number (if known) 18-12425 (MG)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.29 HALTON LABORATORIES LLC	C/O PRIME CLERK P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.30 POZEN INC.	C/O PRIME CLERK P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.31 TRIBUTE PHARMACEUTICALS INTERNATIONAL INC.	SUITE 203, BUILDING NO. 8 HARBOUR ROAD SAINT MICHAEL, BARBADOS	DEERFIELD PRIVATE DESIGN FUND III, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.32 POZEN INC.	C/O PRIME CLERK P.O. BOX 329003 BROOKLYN, NY 11232UNITED STATES	EMKAY INC.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
2.33 ARALEZ PHARMACEUTICALS INC.	7100 WEST CREDIT AVENUE SUITE 101 MISSISSAUGA, ON L5N 0E4CANADA	WITMAN PROPERTIES, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	

Fill in this information to identify the case and this filing:

Debtor Name ARALEZ PHARMACEUTICALS US INC.
United States Bankruptcy Court for the: Southern District of New York
Case number (If known): 18-12425 (MG)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/24/2018
MM / DD / YYYY

 /s/ Michael Kaseta
Signature of individual signing on behalf of debtor

Michael Kaseta
Printed name

Chief Financial Officer of Aralez Pharmaceuticals Inc.
Position or relationship to debtor